

BAYONNE RESIDENTS ONLY!!!

COVID-19 RENTAL APPLICATION

Qualifying Guidelines for Rental Assistance – Must Be COVID-19 Loss of Income

Please supply COPIES of ALL the following required documents:

1. Valid NJ Driver's License / NJ State-issued ID for all adult members. Must show current address - cannot be expired.
2. Social Security cards of all household members.
3. Birth certificates or current (not expired) passports of all household members; permanent residency cards (if applicable).
4. Current 1 year lease agreement (cannot be expired nor month-to-month).
5. Supply income paystubs from February 2020 to the time you stopped working. Must show reduction in hours.
6. Letter from employer showing date of furlough notice, reduction in hours, layoff on company letterhead with Name, Telephone #, and email of contact person.
7. Unemployment payments – must supply the last 30 days of the most current payment printouts (4 weeks) showing amount received & remaining balance. Indicate the start date of receiving benefits. If a claim was filed and have not received the benefit, you must show proof of filing and supply a status update printout showing the claim is pending.
8. Bank Statements for all adult members – Full statements from February 2020 to Present.
9. Rent Receipts – From February 2020 to the last month of rent payment.
10. Letter from Landlord indicating what months are still owed and how much.
11. Healthcare Professional unable to work due to COVID-19 illness (or required dependent care).
12. Any child receiving financial assistance – Please attach payment source printout.
13. Must provide W-2's for taxes on self-employed and/or cash income.

PLEASE NOTE: If the above required documents are not supplied, this will cause a delay in reviewing your application and may lead to disqualification for assistance.

Persons in Household	Maxium Income
1	\$55,250
2	\$63,150
3	\$71,050
4	\$78,900
5	\$85,250
6	\$91,550
7	\$97,850
8	\$104,150

Personas en el Hogar	Ingresos Máximos
1	\$55,250
2	\$63,150
3	\$71,050
4	\$78,900
5	\$85,250
6	\$91,550
7	\$97,850
8	\$104,150



Department of Administration
Division of Community Development & Grants Management

CITY OF BAYONNE

555 KENNEDY BLVD • BAYONNE, NJ 07002-3898

TEL. (201) 437-7222 • FAX (201) 437-2810



JAMES M. DAVIS, MAYOR

SAMANTHA HOWARD,
EXECUTIVE DIRECTOR

Covid Rental Application Eligibility Screening Sheet

Hoja de Evaluación de Elegibilidad

Contact Information

Información de Contacto

Last Name _____ First Name _____ Middle Initial _____
Apellido(s) Nombre Inicial del Segundo nombre

Date of Birth _____ Social Security # _____
Fecha de nacimiento Numero de seguro social

Telephone # _____ Type: (Circle One) Home Cellular Family Friend Work
Teléfono Tipo: (Encierre uno) Casa Celular Familiar Amigo Trabajo

Email Address _____
Correo electrónico

Mailing Address (*Dirección Postal*) _____ Type: (Circle One) Home P.O. Box Family

Tipo: (circule uno) Casa Apartado Familiar

Demographics: Please circle the options that apply

Demografía: Por favor encierre en un círculo la opción que aplica

Marital Status: Divorced Married Separated Single Widowed Other
Estado civil: Divorciado(a) Casado(a) Separado(a) Soltero(a) Viudo(a) Otro

Ethnicity: Asian/Pacific Islander Black Hispanic Native American White Other
Origen étnico: Asiático/de las Islas del Pacífico Negro Hispano Nativo Americano Blanco Otro

Gender: Male Female Age: _____ Language Spoken: _____
Genero: Masculino Femenino Edad Idioma hablado

Household Information

Información del Hogar

Total number of people living in your household, including yourself? _____
No. total de personas que viven en su hogar, incluyendo a ud.

Spouse _____ Children _____ Ages _____ Others _____
Esposo(a) Hijos Edades Otros

Income Information

Informacion de Ingresos

Contact person's Gross Income \$ _____ (Before Taxes)

Contacto: Ingresos

Circle One: Monthly Weekly Bi-Weekly Hourly Annual
Circule uno: Mensual Semanal Quincenal Por hora Annual

What is the source of this income? _____
¿De donde vienen los ingresos?

Spouse: Income \$ _____
Esposo(a): Ingresos

Circle One: Monthly Weekly Bi-Weekly Hourly Annual
Circule uno: Mensual Semanal Quincenal Por hora Annual

What is the source of this income? _____
¿De donde vienen los ingresos?

Child: Income \$ _____ (Any minors that receive income – example
child support, SSI)

Circle One: Monthly Weekly Bi-Weekly Hourly Annual
Circule uno: Mensual Semanal Quincenal Por hora Annual

What is the source of this income? _____
¿De donde vienen los ingresos?

Child: Income \$ _____
Hijo(a): Ingresos

Circle One: Monthly Weekly Bi-Weekly Hourly Annual
Circule uno: Mensual Semanal Quincenal Por hora Annual

What is the source of this income? _____
¿De donde vienen los ingresos?

Circule uno: Mensual Semanal Quincenal Por hora Annual

WHAT IS YOUR CURRENT RENT? _____
¿Cuál es su renta actual?

WHICH MONTHS DO YOU OWE FULL OR PARTIAL
RENT _____
¿CUÁLES MESES DEBE ALQUILER TOTAL O PARCIAL?

PLEASE SUPPLY PROOF OF REDUCTION
OF INCOME _____
SUMINISTRO DE PRUEBA DE REDUCCIÓN

MARCH RENT
RECEIPT
RECIBO DE ALQUILER DE MARZO

HAVE YOU RECEIVED NOTICE FROM LANDLORD THEY WILL MOVE FORWARD
WITH EVICTION
¿HA RECIBIDO AVISO DEL PROPIETARIO QUE AVANZARÁ CON EL DESALOJO?

HAVE YOU FACED EVICTION PROCEEDINGS BETWEEN APRIL 2019 AND MARCH
2020?
¿HA ENFRENTADO LOS PROCEDIMIENTOS DE DESALOJO ENTRE ABRIL DE 2019 Y
MARZO DE 2020?

I certify that I am not receiving Rental Assistance from any other agency providing
Covid 19 relief.

Signature
Certifico que no estoy recibiendo asistencia para el alquiler de ninguna otra agencia que
brinde alivio de Covid

Landlord Name
Nombre del arrendador

Landlord Address
Dirección del propietario

Landlord Phone #
Número de teléfono del arrendador

I affirm that all answers given in this application are correct and made for the purpose of obtaining rental assistance.

This application is made for the purpose of obtaining rental assistance, and I authorize you to communicate with any person, firm or corporation necessary, and to obtain any information as you may need concerning the statement made in this application, and agree that the application shall remain your property whether or not the assistance is granted.

Signature of Applicant

Signature of Applicant

Warning: Section 1001 of Title 18 of U.S. Code makes it a Criminal Offense to make willful false statements or misrepresentation to any department or agency of the U.S. as to any matters within its Jurisdiction.

Yo afirmo que todas las respuestas dadas en esta solicitud son correctos y con el propósito de obtener crédito.

Esta aplicación se hace con el propósito de obtener crédito, y autorizo a usted para comunicarse con cualquier persona, firma o corporación es necesario, y para obtener cualquier información que necesite sobre la declaración hecha en esta solicitud, y estoy de acuerdo en que la solicitud seguirá siendo su propiedad si el préstamo se concede en este documento.

Firma del solicitante

Firma del solicitante

CITY IN NEW JERSEY

2020 CDBG Self-Certification Form

This program receives assistance from City in New Jersey Community Development Block Grant Program. The Program, funded by the U.S. Department of Housing and Urban Development (HUD), requires us to collect specific information about our program participants. This information will be kept confidential and will only be provided to HUD in summarized reports.

CDBG Program Name: _____
Program Participant's Name: _____
Street Address: _____
City, State, Zip Code: _____
Household Size: _____ (number of people in household)

In the first column of the chart below, find your family size then circle the income level for your family's current annual income **in the row that corresponds to your family size**. Total family income includes income from all sources (wages, unemployment, social security, public assistance, interest and dividends, worker's comp, etc.) for all members of your family who are at least 18 years of age. A family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

Household Size	Extremely Low Income	Low Income Limits	Moderate Income	Other
1 Person	\$20,750 or less	\$20,751 to \$34,550	\$34,551 to \$55,250	Above \$ 55,250
2 Person	\$23,700 or less	\$23,701 to \$39,450	\$39,451 to \$63,150	Above \$63,150
3 Person	\$26,650 or less	\$26,651 to \$44,400	\$44,401 to \$71,050	Above \$71,050
4 Person	\$29,600 or less	\$29,601 to \$49,300	\$49,301 to \$78,900	Above \$78,900
5 Person	\$32,000 or less	\$32,001 to \$53,250	\$53,251 to \$85,250	Above \$85,250
6 Person	\$35,160 or less	\$35,161 to \$57,200	\$57,201 to \$91,550	Above \$91,550
7 Person	\$39,640 or less	\$39,641 to \$61,150	\$61,151 to \$97,850	Above \$97,850
8 Person	\$44,120 or less	\$44,121 to \$65,100	\$65,101 to \$104,150	Above \$104,150

Race of Program Participant (must check one):

- ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native
☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & White
☐ Asian White ☐ Black/African American & White ☐ Asian/Pacific Islander
☐ American Indian/Alaskan Native & Black/African American ☐ Other multi-racial

Ethnicity of Program Participant (must check one):

- ☐ Hispanic ☐ Non-Hispanic

I attest that the information provided is true and correct to my knowledge. I understand that the information listed on this form may be subject to verification by the City in New Jersey and/or by the U.S. Department of Housing and Urban Development (HUD), the Office of the Inspector General, or their authorized representatives.

Head of Household Signature

Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



A Notice to Our Clients!

Here at BEOF, we understand the hardships that many of our clients are facing when they come to our office seeking assistance. We want to ensure that when assisting clients through the application process, our intake specialists are capturing the necessary and CORRECT information in order to provide qualifying clients with aid and opportunities that may be readily available to them.

We urge any clients seeking Rental assistance via BEOF's Rental Program to provide us with the most current and accurate information to the best of their knowledge. Providing falsified information on one's application will not only disqualify Bayonne residents for our services, but moreover, BEOF has a duty report such matters to the authorities.

The application process requires time and effort from our staff to qualify Bayonne residents for assistance and if one falsifies information on an application, the discrepancy will be identified, and your application will be flagged.

Your signature implies that everything written and submitted on an application and/or lease agreement is true, and subject to perjury if falsifying information is listed. Incorrect or fabricated information on a BEOF application for assistance is considered fraud and can be grounds for an eviction and in some instances, will be charged as a crime and be dealt with accordingly by the proper authorities.

We urge those who are seeking assistance to be honest and forthcoming as we do our best to help you in your time of need.

Thank you,

A handwritten signature in blue ink that reads 'Samantha Howard'. The signature is fluid and cursive, with the first name 'Samantha' being more prominent than the last name 'Howard'.

Samantha Howard

Executive Director